PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								Application or Docket Number 10/7/27/0 ADA 1/234 B						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OR	OTHER SMALL		
TOTAL CLAIMS			20					RATE FE		FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC I	EE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			Qu minus 20=		*			X\$ 9=			OR	X\$18≃		
INDEPENDENT CLAIMS			3 minus 3 =					X43=			OR	X86=	·	
MU	LTIPLE DEPEN	NDENT CLAIM PI	RESENT					+145=			OR	+290=		
• If	the difference	in column 1 is	less than ze	ero, enter	"0" in (n column 2			TOTAL		OR	TOTAL	770	
CLAIMS AS AMENDED - PART II									1			OTHER		
		(Column 1)	(Column 2) (Co			(Column 3)	١.	SMALL ENTITY			OR	SMALL	ENTITY	
AMENDMENT A	6-19-06	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
WOZ	Total	. 20	Minus	· 6	30	= 0		X\$ 9:	-	/	OR	X\$18≈	1	
\ME	Independent	. 3	Minus	***	3_	= 0		X43=		/	OR	X86=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		۱	+145:			OR	+290=		
								TOT	AL/	/	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	TOTAL ADDIT, FEE		
		•	ADDIT. FI	E			ADUH. PEEI							
AMENDMENT B		(Column 1) CLAIMS REMAINING		HIGHI NUME						ADDI-	1		ADDI-	
	_	AFTER AMENDMENT		PREVIO PAID I	DUSLY	EXTPA		RATE		TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	**		÷		X\$ 9=			OR	X\$18=		
	Independent		Minus	***	<u> </u>	=		X43=			OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ا ا	+145=			OR	+290=		
							Ł	TOT	AL.			TOTAL		
		(Column 1)		(Colun	nn 21	(Column 3)	,	NDDIT. FE	:t L		, ,	ADDIT. FEE		
ENT C		CLAIMS REMAINING		HIGHI	EST	1.	lΓ		T	ADDI-	. 1		ADDI-	
		AFTER AMENDMENT	,	PREVIO	USLY	PRESENT EXTRA	RATE			TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT	Total .:	*	Minus	**	_	=		X\$ 9=	1		OR	X\$1B=		
WE	ind pendent	•	Minus	***		=	lt	X43=	7		o in	X86=		
•	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+		OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ADDIT, FEE			
		ber Previously Paid					r foui	nd in the	app	ropriate box	in cot	umn 1.		